

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

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**BRANCH OFFICE REGISTRATION APPLICATION****ALARM COMPANY/LOCKSMITH COMPANY/PRIVATE INVESTIGATOR/PRIVATE PATROL OPERATOR**

This form is to be completed for application or reinstatement for a branch office registration. This information is required pursuant to Business and Professions Code sections 7535 and 7599.21 and California Administration Code section 655 and will be used to determine eligibility for branch office registration.

Department Use Only	
CN	_____
RN	_____
Iss.	_____ Exp. _____

This application for:

- |                          |                  |      |       |                         |
|--------------------------|------------------|------|-------|-------------------------|
| <input type="checkbox"/> | New Registration | Fee: | \$35  | Alarm Company Operator  |
|                          |                  |      | \$35  | Locksmith Company       |
|                          |                  |      | \$30  | Private Investigator    |
|                          |                  |      | \$250 | Private Patrol Operator |
| <br>                     |                  |      |       |                         |
| <input type="checkbox"/> | Reinstatement    | Fee: | \$35  | Alarm Company Operator  |
|                          |                  |      | \$35  | Locksmith Company       |
|                          |                  |      | \$30  | Private Investigator    |
|                          |                  |      | \$75  | Private Patrol Operator |

**COMPLETE THE FOLLOWING ABOUT THE LICENSEE:**

1. Business Name of Licensee ( as appears on license )		2. License Number & Exp. Date	
3. Address of Principal Place of Business	Number and Street	City	State Zip Code
4. Name of Qualified Manager		5. Telephone Number Area Code (    )	

**COMPLETE THE FOLLOWING ABOUT THE BRANCH OFFICE**

6. Address of Branch Office (cannot be a post office box)		City	State	Zip Code
7. Branch Office Telephone Number Area Code (    )		8. Branch Office Business Hours: From: To:		
*9. Person in Charge (Should Not Be Qualified Manager)		10. Agent Registration No. & Exp. Date (Alarm Co. Only)		

I declare under penalty of perjury, under the laws of the State of California, that the foregoing statements are true and correct, and that I have not engaged in any practice or act for which a branch office registration is required under Chapter 11.5 or 11.6 of the Business Professions Code while the registration/certificate was not in effect.

\_\_\_\_\_  
Signature of Qualified Manager

\_\_\_\_\_  
Date

Per California Civil Code, Section 1798.17 (Information Practices Act), the Chief of the Bureau is responsible for maintaining the information on this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by section 1798.40 of the Civil Code.

\* If the qualified manager's name appears in #9, submit a statement as to how he/she will be in active control of the main location and the branch office.